

FILED APR 23 1940

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

11105  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry  
(b) Township Shawnee  
(c) City Chilhowee(d) Street No. 358  
Registration District No. 5902  
Primary Registration District No. 5902Registered No. 4

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Chilhowee R. D. #2

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Williamson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 18547. AGE YEARS 85 MONTHS 5 DAYS 1 If LESS than 1 day, 5 hrs. or 5 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknownFATHER 13. NAME Joseph Sharp14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Hellen Scott16. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Mound DATE Mar 26 194019. FUNERAL DIRECTOR (NAME) Fred Wilkinson (ADDRESS) Chilhowee Mo.20. FILED 3-27-40 E. G. Hibler Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-4022. I HEREBY CERTIFY, That I attended deceased from 3-12, 1940 to 3-24, 1940I last saw him alive on 3-32, 1940 Death is saidto have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitationOther contributory causes of importance arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. B. Hampton M. D.(Address) Chilhowee Mo.

RECEIVED  
DISTRICT HEALTH  
OFFICE NO. 7  
4-40-606

RECEIVED  
District Health  
Officer No. 7  
4-40-606  
District File Number  
4-8-40  
Date Filed

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

, or by

Registered Apprentice No. , working under my personal supervision.

Signed

Licensed Embalmer No. 2478

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**